

Sweetwater Medical Associates

16651 Southwest Freeway, Suite 100

Sugar Land, Texas 77479

General Physical Exam

Patients, please read before signing this form.

Most insurance companies will pay for only one type of visit in a day: either an annual/general physical exam or an illness/problem exam. If the physician does address a condition outside of the "Annual/General Physical Exam," be aware that you will be responsible for TWO SEPARATE CO-PAYMENTS ON THE SAME DAY.

Thank you for scheduling your annual physical exam with our office. This exam consists of the following elements:

1. A review/update of your family history of diseases and medical conditions.
2. A review/update of your social history including tobacco use, alcohol use, drug use.
3. A review of your medical risk factors – this is not to change treatment or refill medications. This is to help make decisions in risk assessment for heart attacks, cancer, lung disease, etc...
4. Physical examination
5. The need for lab work, diagnostic testing, imaging and/or vaccination is determined from the above information.

*****Again, due to restrictions by your insurance company, if we address any medical problems outside of the above-mentioned list, which constitutes an "Annual/General Physical Exam", they may not cover more than one type of visit in a day.*****

*******BY SIGNING BELOW, I AGREE THAT ANY SYMPTOMS, MEDICAL PROBLEMS, AND/OR LABS NOT ASSOCIATED WITH THE ABOVE-MENTIONED LISTING, THAT ARE REQUESTED BY ME TODAY ARE MY RESPONSIBILITY TO PAY AT THE TIME THE SERVICES ARE RENDERED. IN THE EVENT THAT MY INSURANCE WILL NOT PAY FOR BOTH A SYMPTOM VISIT AND A PHYSICAL IN THE SAME DAY, I WILL BE FULLY RESPONSIBLE TO PAY FOR NON-COVERED SERVICES.*******

If you have a new or acute medical condition that you feel needs to be addressed today, please notify the medical assistant and we will help you reschedule your general physical exam to another time, or if you choose to have your acute problem evaluated today, you will be expected to pay two separate co-payments.

Thank you for your understanding and cooperation in this matter.

Jeffery T. Alford, MD

Dina B. White, MD

Date

Patient Name

Medical Assistant Signature

Patient Signature

BIOTE MALE HEALTH HISTORY & SYMPTOMS

PATIENT INFORMATION

Name: _____ Date: _____
Date of Birth: _____ Age: _____ Weight: _____

PATIENT QUESTIONS

- Currently trying to conceive? Yes No
- Desire to conceive in the future? Yes No
- Is patient on a 5-alpha reductase inhibitor? Yes No
- Is the patient on a PDE-5 Inhibitor (Cialis, Viagra, Etc.) Yes No
- Is the patient on any other testosterone boosting medication (Clomid, HCG, etc.)? Yes No
- Is the patient currently utilizing BHRT or HRT? Yes No
- Select types of hormones: Testosterone Thyroid
- Is the patient currently on statins? Yes No
- Is the patient a smoker? Yes No

MEDICAL HISTORY

Select all that apply:

Fertility:

- Patient Wants to Maintain Fertility

Cardiovascular Conditions:

- Heart Attack or Stroke (within last 6 months)
- DVT or Blood Clot (within last 6 months)
- Hypertension
- Hyperlipidemia
- Obstructive Sleep Apnea
- Patient Takes Anticoagulant Medication
- Atrial Fibrillation

Cancer:

- Breast Cancer
- Active Prostate Cancer or History of Prostate Cancer
- Thyroid Cancer or History of Thyroid Cancer
- Meningioma
- Polycythemia Vera (PV)
- Any Other Cancer Excluding Basal Cell Carcinoma

Endocrine and Metabolic:

- Diabetes Type 2 or Insulin Resistance
- Hyperthyroid
- Hypothyroid

BIOTE MALE HEALTH HISTORY & SYMPTOMS

MEDICAL HISTORY

Autoimmune Conditions:

- Diabetes Type 1
- Hashimoto's Thyroiditis
- Graves' Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- Systemic Lupus (Erythematosus)
- Psoriasis
- Positive ANA
- IBS (Irritable Bowel Syndrome)
- Crohn's Disease
- Ulcerative Colitis

Organ Specific Conditions:

- Liver Disease or History of Liver Disease
- Kidney Disease or History of Kidney Disease
- LAM (Lymphangiomyomatosis)
- Osteoporosis or Osteopenia
- Prostate Enlargement (BPH)
- HIV
- Hepatitis
- Hemochromatosis

SYMPTOMS AND CONCERNS

Select all that apply:

- Acne
- Erectile Dysfunction (ED)
- Decreased Libido
- Decreased Desire
- Inability To or Delayed Orgasm
- Weight Gain
- Decreased Muscle Mass
- Difficulty Sleeping
- Urinary Incontinence
- Dry or Flaking Skin
- Lack of Energy (Fatigue)
- Decrease in Strength or Endurance
- Decrease in Work Performance
- Frequent Urinary Tract Infection
- Brittle Nails
- Thinning Eyebrows
- Hair Thinning
- Cold Hands or Feet
- Mind Racing at Bedtime
- Mood Swings
- Gynecomastia
- Abdominal Obesity